Form **944-X**:

Adjusted Employer's ANNUAL Federal Tax Return or Claim for Refund

(Rev. Februa	ary 2011) De	partment of	the Treasur		ernal R	levenue	Service)									OMB No.	1545-200	07
Employer i	identification nur	mber (EIN)		[recting		l
Name (not	your trade name)													rrecting		or reta	iiii you c		l
Trade nam	ne (if any)													944-	SS				ı
Address	Number										number	Enter the calendar year you are correcting:							
	City											L			(YYYY)			
on Form correction	Read the instructions before you complete this form. Use this form to correct errors made on Form 944 or Form 944-SS. Use a separate Form 944-X for each year that needs correction. Type or print within the boxes. You MUST complete all three pages. Do not attach his form to Form 944 or Form 944-SS.																		
Part 1	l: Select ON	ILY one	process	.															
	Adjusted empyou would like and overreport 944, Form 944 Claim. Check of the amount	e to use the rted amoun 4-SS, Form	e adjustme ts on this 941, or F you overr	ent prod form. Torm 94	cess the ard 1-SS	o corr mount for the	ect the shown e tax p	errors on line eriod ir	You ne 20, if which	nus less yo	t checks than ou are to use	k this bozero, manifiling this	ox if you ay only s form.	ou are con the depth of the dep	orrectir blied as ask for	ng both s a cred	underredit to you	ported ir Form	
Part 2	: Complete tl	he certific	ations.																
No	3. I certify that I have filed or will file Forms W-2, Wage and Tax Statement, or Forms W-2c, Corrected Wage and Tax Statement, as required. Note. If you are correcting underreported amounts only, go to Part 3 on page 2 and skip lines 4 and 5. 4. If you checked line 1 because you are adjusting overreported amounts, check all that apply. You must check at least one box. I certify that: a. I repaid or reimbursed each affected employee for the overcollected social security and Medicare tax for prior years. I have a written statement from each employee stating that he or she has not claimed (or the claim was rejected) and will not claim a refund or credit for the overcollection.																		
	or ead claim	djustment och employe a refund or	e did not of credit for	give me the ov	e a wi ercoll	ritten s lection	stateme	ent that	he or	she	has n	ot claim	ed (or	the clair	n was	rejecte	ed) and w	vill not	5
	c. The ac	djustment i	s for feder	al inco	me ta	x, soc	ial sec	urity ta	k, and	Med	dicare	tax that	I did r	not withh	old fro	om emp	oloyee w	ages.	
5.	writter refund	eck at least id or reimb n statement I or credit f	one box. ursed each t from each or the ove	n affect h empl rcollect	ed er oyee tion.	mploye stating	e for the that h	ne soci ie or st	al secu ne has	rity not	and M	Medicare	tax ov e claim	vercollec n was re	ted in jected)	prior y) and w	ears. I ha vill not cla	ave a aim a	
	and M	a written of ledicare taxed (or the c	overcolle	cted in	prior	years	. I also	have a	writte	n st	tateme	nt from	each e	employee					
	emplo emplo	laim for soo byee did no byee did no d or credit t	t give me t give me	a writte a writte	en coi en sta	nsent 1	to file a	claim	for the	em	ployee	e's share	e of so	cial secu	urity ar	nd Med	licare tax	, or eac	
	d. The cl	aim is for f	ederal inco	ome ta	x, soc	cial sec	curity to	ax, and	Medic	are	tax th	at I did	not wit	thhold fr	om en	nployee	wages.	Next =	•

P	art 3: Enter the corrections for	the calendar year y	ou	are correcting. If a	any	line does not apply	, leave it bl	ank.
		Column 1		Column 2		Column 3		Column 4
		Total corrected amount (for ALL employees)	_	Amount originally reported or as previously corrected (for ALL employees)	=	Difference (If this amount is a negative number, use a minus sign.)		Tax correction
6.	Wages, tips and other compensation (from line 1 of Form 944)		_		=		W-2 or Forms	are your Forms
7.	Income tax withheld from wages, tips, and other compensation (from line 2 of Form 944)		-		=		Copy Column 3 here	
8.	Taxable social security wages (from line 4a, Column 1 of Form 944 or Form 944-SS)		_		=	*If you are correcting your employe	× .124* =	. See instructions
_					1	in you are correcting your employe	Siture offly, use .002.	occ manachors.
9.	Taxable social security tips (from line 4b, Column 1 of Form 944 or		-		=		× .124* =	
	Form 944-SS)					*If you are correcting your employe	r share only, use .062.	See instructions.
10.	Taxable Medicare wages and tips (from line 4c, Column 1 of Form 944		_		=		× .029* =	
	or Form 944-SS)				1	*If you are correcting your employe	r share only, use .0145	i. See instructions.
11a.	Number of qualified employees paid exempt wages/tips April 1 - December 31, 2010 (from line 5a of Form 944 or Form 944-SS)*		_		=			*Complete lines 11a and 11b only for corrections to the 2010 Form 944 or Form 944-SS.
11b.	Exempt wages/tips paid to qualified employees April 1 - December 31, 2010 (from line 5b of Form 944 or Form 944-SS)*		_		=		× .062 =	
12.	Tax adjustments (from line 6 of Form 944 or Form 944-SS)		_		=		Copy Column 3 here	
13.	Special addition to wages for federal income tax		_		=		See instructions	
14.	Special addition to wages for social security taxes		_		=		See instructions	
15.	Special addition to wages for Medicare taxes		_		=		See instructions	
16.	Subtotal. Combine the amounts on I	ines 7–15 of Column 4						
	Advance earned income credit		_] =		See	
(from line 8 of Form 9	(EIC) payments made to employees (from line 8 of Form 944)]		instructions	
Ioa.	COBRA premium assistance payments (from line 11a of Form 944		-		=		See instructions	
18b.	or Form 944-SS) Number of individuals provided COBRA premium assistance (from line 11b of Form 944 or Form 944-SS)		_		=			
18c.	Number of qualified employees paid exempt wages/tips March 19–31, 2010 (from line 11c of Form 944 or Form 944-SS)*		_		=			*Complete lines 18c and 18d only for corrections to the 2010 Form 944 or Form 944-SS.
18d.	Exempt wages/tips paid to qualified employees March 19–31, 2010 (from line 11d of Form 944 or Form 944-SS)*		_		=		× .062 =	
19.	Total. Combine the amounts on lines	16–18d of Column 4. C	ont	inue to next page .				
								Novt-

Part 3: Contin	nued												
20 Total	Amount from line 19 on page 2												
	20 is less than zero:												
		t applied as a credit to	o your Form 944 or Form 944-SS for the tax perio	od i									
whic	h you are filing this form. (If you are currently fi	ling a Form 941 or Forn	m 941-SS, Employer's QUARTERLY Federal Tax Re	turi									
	the instructions.)												
-	u checked line 2, this is the amount you want												
	ee Amount you owe in the instructions.	ou owe. Pay this amou	int when you file this return. For information on ho	w t									
	in your corrections for the calendar year	you are correcting.											
тан т =хра	ni your contouche for the culcinate your	, ou are correcting.											
	there if any corrections you entered on a noth your underreported and overreported		derreported and overreported amounts.										
		any corrections involve reclassified workers. Explain on line 23.											
23. You m	nust give us a detailed explanation of hor	w you determined yo	our corrections. See the instructions.										
				-									
				-									
				-									
				-									
	nere. You must complete all three pages												
and any schedule		t of my knowledge and I	and that I have examined this adjusted return or claim belief, they are true, correct, and complete. Declaration wledge.	1									
			Print your	\neg									
	n your		name here	_l									
nan	ne here		Print your	\Box									
			title here	닉									
	Date / /		Best daytime phone () –										
Paid Prepare	er Use Only		Check if you are self-employed										
Preparer's name			PTIN										
Preparer's signat	ure		Date / /										
Firm's name (or y	ours if												
self-employed)			EIN	_									
Address			Phone () –										
City		State	ZIP code										

Employer identification number (EIN) | Correcting calendar year (YYYY)

Name (not your trade name)

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Type of errors you are correcting

Form 944-X: Which process should you use?

Underreported amounts ONLY

Use the adjustment process to correct underreported amounts.

- Check the box on line 1.
- Pay the amount you owe from line 20 when you file Form 944-X.

Overreported amounts ONLY

The process you use depends on when you file Form 944-X.

If you are filing Form 944-X MORE THAN 90 days before the period of limitations on credit or refund for Form 944 or Form 944-SS expires . . . Choose either process to correct the overreported amounts.

Choose the adjustment process if you want the amount shown on line 20 credited to your Form 944, 944-SS, 941, or Form 941-SS for the period in which you file Form 944-X. Check the box on line 1.

OF

Choose the claim process if you want the amount shown on line 20 refunded to you or abated. Check the box on line 2.

If you are filing Form 944-X WITHIN 90 days of the expiration of the period of limitations on credit or refund for Form 944 or Form 944-SS... You must use the **claim process** to correct the overreported amounts. Check the box on line 2.

BOTH underreported and overreported amounts

The process you use depends on when you file Form 944-X.

If you are filing Form 944-X MORE THAN 90 days before the period of limitations on credit or refund for Form 944 or Form 944-SS expires . . .

Choose either the adjustment process or both the adjustment process and the claim process when you correct both underreported and overreported amounts.

Choose the adjustment process if combining your underreported amounts and overreported amounts results in a balance due or creates a credit that you want applied to Form 944, 944-SS, 941, or 941-SS.

- File one Form 944-X, and
- Check the box on line 1 and follow the instructions on line 20.

OR

Choose both the adjustment process and the claim process if you want the overreported amount refunded to you or abated.

File two separate forms.

- **1. For the adjustment process,** file one Form 944-X to correct the underreported amounts. Check the box on line 1. Pay the amount you owe from line 20 when you file Form 944-X.
- 2. For the claim process, file a second Form 944-X to correct the overreported amounts. Check the box on line 2.

If you are filing Form 944-X WITHIN 90 days of the expiration of the period of limitations on credit or refund for Form 944 or Form 944-SS... You must use both the adjustment process and claim process.

File two separate forms.

- **1. For the adjustment process,** file one Form 944-X to correct the underreported amounts. Check the box on line 1. Pay the amount you owe from line 20 when you file Form 944-X.
- 2. For the claim process, file a second Form 944-X to correct the overreported amounts. Check the box on line 2.